

### Algorithm for Treatment of Hypertension

**Begin or Continue Lifestyle Modifications** Not at Goal Blood Pressure **Initial Drug Choices** Not at Goal Blood Pressure No response or Inadequate response troublesome side effects but well tolerated Substitute drug from Add agent from different class different class Not at Goal Blood Pressure

Continue adding agents from other classes. Consider referral to a hypertension specialist.

#### **Begin or Continue Lifestyle Modifications**

- Lose weight
- Limit alcohol
- Increase physical activity
- Reduce sodium

- Maintain potassium
- Maintain calcium and magnesium
- Stop smoking
- Reduce saturated fat, cholesterol



**Begin or Continue Lifestyle Modifications** 



Not at Goal Blood Pressure (< 140/90 mm Hg)

Lower goals for patients with diabetes or renal disease



**Initial Drug Choices** 

**Not at Goal Blood Pressure** 



Uncomplicated

**Specific Indications** 

**Compelling Indications** 

- Start at low dose and titrate upward.
- Low-dose combinations may be appropriate.



**Initial Drug Choices\*** 



- Diuretics
- β-blockers

<sup>\*</sup>Based on randomized controlled trials

#### **Initial Drug Choices\***

#### **Compelling Indications**

- Heart failure
  - ACE inhibitors
  - Diuretics
- Myocardial infarction
  - β-blockers (non-ISA)
  - ACE inhibitors (with systolic dysfunction)
- Diabetes mellitus (type 1) with proteinuria
  - ACE inhibitors
- Isolated systolic hypertension (older persons)
  - Diuretics preferred
  - Long-acting dihydropyridine calcium antagonists

<sup>\*</sup>Based on randomized controlled trials

#### **Initial Drug Choices**

#### Specific indications for the following drugs:

- ACE inhibitors
- Angiotensin II receptor blockers
- α-blockers

- α-β-blockers
- β-blockers
- Calcium antagonists
- Diuretics

### **Specific Drug Indications**

Some antihypertensive drugs may have favorable effects on comorbid conditions:

- Angina
  - β-blockers
  - Calcium antagonists
- Atrial tachycardia and fibrillation
  - β-blockers
  - Nondihydropyridine
  - calcium antagonists

- Heart failure
  - Carvedilol
  - Losartan
- Myocardial infarction
  - Diltiazem
  - Verapamil

#### Specific Indications (continued)

Some antihypertensive drugs may have favorable effects on comorbid conditions:

- Cyclosporine-induced hypertension
  - Calcium antagonists
- Diabetes mellitus (1 and 2) with proteinuria
  - ACE inhibitors (preferred)
  - Calcium antagonists
- Diabetes mellitus (type 2)
  - Low-dose diuretics

- Dyslipidemia
  - $-\alpha$ -blockers
- Prostatism (benign prostatic hyperplasia)
  - $-\alpha$ -blockers
- Renal insufficiency (caution in renovascular hypertension and creatinine > 3 mg/dL

 $[ > 265.2 \mu mol/L])$ 

ACE inhibitors

#### Specific Indications (continued)

Some antihypertensive drugs may have favorable effects on comorbid conditions:

- Essential tremor
  - Noncardioselective β-blockers
- Hyperthyroidism
  - β-blockers
- Migraine
  - Noncardioselective β-blockers
  - Nondihydropyridine calcium antagonists

- Osteoporosis
  - Thiazides
- Perioperative hypertension
  - β-blockers

**Initial Drug Choices** 

Not at Goal Blood Pressure (< 140/90 mm Hg)

No response or troublesome side effects

Inadequate response but well tolerated

Substitute another drug from different class

Add second agent from different class (diuretic if not already used)

Not at Goal Blood Pressure (<140/90 mmHg)

Substitute drug from different class

Add second agent from different class

Not at Goal Blood Pressure (< 140/90 mm Hg)

Continue adding agents from other classes.

Consider referral to a hypertension specialist.